



Business Name Registration / DBA Application

The filing of this application and its approval by the Division of Corporations and Commercial Code does not authorize the use in the State of Utah of an assumed name in violation of the rights of another under federal, state, or common law (U.C.A. Section 42-2-5 Et seq.). You may file this paperwork in person or mail or fax to the Division of Corporations (Please file in duplicate). If mailing, please include one (1) self addressed envelope with application. If you are faxing you must include, on a cover sheet, the number of a VISA/MasterCard with the date of expiration. Other means of payment are check or cash.

When approved, your business name is registered for 3 years (UCA 42-2-8)

If adding or removing on Applicant/Owner which will affect it's status as a General Partnership or Sole Proprietorship you must submit a Registration Information Change Form

If you want a new name (adding or changing the existing name), a new DBA filing is required

☐ **TC-69 filed with DBA application**

BUSINESS INFORMATION

1. Requested Business Name: _____
2. **Purpose of the Business:** _____
3. Business address: _____

Street Address
City
State
Zip
4. **REGISTERED AGENT (Required Information):**
 - 4a. _____
Print the Registered Agent Name
 - 4b. _____
Signature or Accepting Agent
 - 4c. _____
Daytime Phone Number
 - 4d. _____
Street Address **ONLY**

City
UTAH
Zip

INFORMATION ABOUT YOU THE APPLICANT/OWNER

- I. If the applicant/owner is a business, the business entity must be in good standing and incorporated, registered or qualified in the state of Utah.
- II. When transferring ownership, a **letter of transfer** must be attached.

5. APPLICANT/OWNER INFORMATION

Is the applicant/owner a registered business in the state of Utah? ☐ Yes ☐ No

☐ Check this box if the name of the registered agent listed above is also the applicant/owner. If box is not checked please complete 5a through 6c.

- 5a. _____
Print Person or Business Name
- 5b. _____
Signature and Title of Applicant/Owner
- 5c. _____
Address

City
State
Zip
6.
 - 6a. _____
Print Person or Business Name
 - 6b. _____
Signature and Title of Applicant/Owner
 - 6c. _____
Address

City
State
Zip

IF NEEDED, YOU MAY USE AN ATTACHED SHEET FOR ADDITIONAL APPLICANTS.

Mail In: PO Box 146705 Salt Lake City, UT 84114-6705 Walk In: 160 East 300 South, Main Floor Information Center: (801) 530-4849 Toll Free: (877) 526-3994 (within Utah) Fax: (801) 530-6438 Web Site: http://www.commerce.utah.gov
